



Cabinet for Health and Family Services 2012 Kentucky eHealth Summit Registration

September 18, 2012 - Hyatt Regency, Lexington, KY

You can register in one of three ways: (1) register online at <http://khie.ky.gov/esummit/Pages/home.aspx> or (2) complete the registration form and fax to (502) 564-0693, or (3) mail your printed form to the address below. Credit card payments can be made by phone at (502) 564-7992 x2441 or online. The Cabinet for Health and Family Services (CHFS) must receive registration payment by credit card or check prior to the event. Please make checks payable to Kentucky State Treasurer. Full registration to the 2012 Kentucky eHealth Summit includes admission to all sessions and meeting materials, welcome reception, breakfast and lunch. All registration cancellations must be processed online or received in writing by September 4, 2012.

Mail payment to: Governor's Office of Electronic Health Information

ATTN: Mary Gaetz, Mailstop 4W-E
275 East Main Street
Frankfort, KY 40621

To pay by phone: (502) 564-7992 x 2441

To register and/or pay online:

<http://khie.ky.gov/esummit/Pages/home.aspx>

All credit card payments - includes \$3 processing fee

If you are attending as a Summit exhibitor, please register online or use the registration form below.

Pricing Information

- | | | | |
|---|----------|--|-----------------|
| <input type="checkbox"/> Government/Academia/Student | \$50.00 | <input type="checkbox"/> KHIE or Connecting Community (In order to be eligible, you must be connected or in the process of being connected to the KHIE, REC, RHIO beacon community)* | 1 Free CEO Pass |
| <input type="checkbox"/> Non-Government | \$75.00 | | |
| <input type="checkbox"/> Vendor/Exhibitor (complimentary conference registration for 2 attendees) | \$350.00 | <input type="checkbox"/> Speaker/KHIECC & Committee Members/ eHealth Network Board Members | Free |

**Second booth participant will pay \$75 which includes all meals and Summit materials.*

Registration after 8/15/12 and walk-ins: \$85.00

Registration

Please type or print clearly; information will be used for your name badge at the Summit.

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Amount _____

- ☐ Government/Academia/Student
- ☐ Vendor/Exhibitor
- ☐ Non-Government
- ☐ KHIE or Connecting Community
- ☐ Speaker/KHIECC & Committee/ eHealth Board Members



Please contact me regarding special arrangements (i.e. physical, dietary, etc.)

